

NATIONWIDE AUTO POLICY DECLARATIONS

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These Declarations are a part of the policy named above and identified by policy number below. They supersede any Declarations issued earlier. Your policy provides the coverages and limits shown in the schedule of coverages. They apply to each insured vehicle as indicated. Your policy complies with the motorists' financial responsibility laws of your state only for vehicles for which Property Damage and Bodily Injury Liability coverages are provided.

Policy Number: DB Account Number
52 07 A 733616 592993

Policyholder:
(Named Insured)

THOMAS A &/OR
ROBERTA L EAMES
14908 CONCORD ROAD
SEAFORD DE
19973-8293

Issued:
JUN 19, 2003

Policy Period From:

JUN 17, 2003 to SEP 22, 2003 but only if the required premium for this period has been paid and only for six month renewal periods if renewal premiums have been paid as required. This policy is initially effective at (1) the time the application for insurance is completed, or (2) 12:01 a.m. on the first day of the policy period, whichever is later. Each renewal period begins and ends at 12:01 a.m. standard time at the address of the named insured stated herein. This policy cancels at 12:01 a.m. at the address of the named insured stated herein.

IMPORTANT MESSAGES:

NOTICE: THE COVERAGES YOU HAVE SELECTED, AS SHOWN IN THIS DECLARATIONS, ARE SUBJECT TO THE EXCLUSIONS, LIMITATIONS, AND CONDITIONS OF COVERAGE DETAILED IN YOUR POLICY. IN SOME CASES YOUR COVERAGE MAY BE LIMITED TO THE MINIMUM LIMITS OF COVERAGE REQUIRED BY THE DELAWARE FINANCIAL RESPONSIBILITY LAW OR THE DELAWARE MOTORISTS PROTECTION ACT. ON THE DATE THIS DECLARATIONS WAS ISSUED, THOSE LIMITS ARE:

AUTO LIABILITY: \$16,000 PER PERSON, \$30,000 PER OCCURRENCE FOR BODILY INJURY
\$10,000 FOR PROPERTY DAMAGE

NO-FAULT: \$16,000 PER PERSON, \$30,000 PER OCCURRENCE FOR BODILY INJURY
\$10,000 FOR DAMAGE TO PROPERTY OTHER THAN A MOTOR VEHICLE

IT IS IMPORTANT THAT YOU READ YOUR POLICY CAREFULLY.

EFFECTIVE JUN 17, 2003

1999 FORD EXPLORER
-ADDED ADDITIONAL PERSONAL INJURY PROTECTION

1996 FORD RANGER
-ADDED ADDITIONAL PERSONAL INJURY PROTECTION

SEE ENCLOSED NOTICE FOR PREMIUM DETAIL

YOUR VEHICLE INFORMATION STARTS ON PAGE 2.

1. 1999 FORD EXPLORER

ID #1FMZU34EXXZA79505

Coverages
COMPREHENSIVE
COLLISION
PROPERTY DAMAGE LIABILITY
BODILY INJURY LIABILITY
PERSONAL INJURY PROTECTION
AND DAMAGE TO PROPERTY
OTHER THAN MOTOR VEHICLE
ADDITIONAL PERSONAL INJURY
PROTECTION

Limits Of Liability		Six Month Premium
ACTUAL CASH VALUE LESS \$ 100		\$ 34.70
ACTUAL CASH VALUE LESS \$ 250		\$ 85.10
\$ 60,000 EACH OCCURRENCE		\$ 49.60
\$ 100,000 EACH PERSON		\$ 111.90
\$ 300,000 EACH OCCURRENCE		\$ 42.80
SEE POLICY		

\$ 85,000 EACH PERSON	ENDORSEMENT 3016B*	\$ 32.10
\$ 270,000 EACH ACCIDENT		

TOTAL \$ 366.20

LIENHOLDER-WILMINGTON TRUST CO

LIEN EXPIRES ON APR 15, 2008

V-0100-A

FRAME: H 07

Based upon information and belief,
this is a true and correct copy of the
Policy for Policy # 5207A733616
as of 6-19-03

Anthony P. Pount

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3. 1996 FORD RANGER

ID #1FTCR10A9TPB08832

Coverages	Limits Of Liability	Six Month Premium
COMPREHENSIVE COLLISION	ACTUAL CASH VALUE LESS \$ 100	\$ 31.20
PROPERTY DAMAGE LIABILITY	ACTUAL CASH VALUE LESS \$ 250	\$ 71.10
BODILY INJURY LIABILITY	\$ 50,000 EACH OCCURRENCE	\$ 49.60
	\$ 100,000 EACH PERSON	
PERSONAL INJURY PROTECTION AND DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLE	\$ 300,000 EACH OCCURRENCE	\$ 111.90
ADDITIONAL PERSONAL INJURY PROTECTION	SEE POLICY	\$ 42.80
	ENDORSEMENT 3016B*	
	\$ 85,000 EACH PERSON	\$ 32.10
	\$ 270,000 EACH ACCIDENT	
	TOTAL	\$ 338.70

POLICY COVERAGES

Coverages	Limits Of Liability	Six Month Premium
UNINSURED MOTORISTS		
-BODILY INJURY	\$ 100,000 EACH PERSON	\$ 88.20
-PROPERTY DAMAGE	\$ 300,000 EACH OCCURRENCE	
	\$ 10,000 EACH OCCURRENCE LESS \$250 DED	
	TOTAL	\$ 88.20

VEHICLE CLASSIFICATIONS

Premium Is Based On:

1999 FORD	1996 FORD
USE OF VEHICLE PLEASURE	PLEASURE
RATED DRIVER FEMALE ADULT AGE 47 PRINCIPAL MARRIED	MALE ADULT AGE 48 PRINCIPAL MARRIED
APPLIED DISCOUNTS PASSIVE RESTRAINT -AIR BAG FULL ANNUAL MILEAGE MULTI CAR LONG TERM	PASSIVE RESTRAINT -AIR BAG FULL ANNUAL MILEAGE MULTI CAR LONG TERM
SPECIAL RATING SAFE DRIVER	SAFE DRIVER
RATING SYMBOLS 018-016 00	013-012 00

Policy Form & Endorsements: V007D 3208

Office Use: E 066707
APR 22, 2003 TERR: 012 \$ 34.20

Issued By: NATIONWIDE MUTUAL INSURANCE COMPANY

Countersigned At: WILMINGTON, DEL.

By: WM KEITH

Home Office - Columbus, Ohio
CULVER

IMPORTANT PHONE NUMBERS

Nationwide 24-Hour Claims Number: 1-800-421-3535

For QUESTIONS About Your Policy, Call Your NATIONWIDE AGENT: CULVER INS AGENCY INC
302-629-2510

For Hearing Impaired: TTY 1-800-622-2421

Nationwide Regional Office: 352-377-8500

FRAME: I 07

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NATIONWIDE AUTO POLICY
DECLARATIONS

These Declarations are a part of the policy named above and identified by policy number below. Page 1 of 3

**Endorsement 3016B**

Additional Personal Injury Protection

(Delaware)

Please attach this important addition to your auto policy.

Additional Personal Injury Protection is subject to all terms and conditions of the policy that apply to basic Personal Injury Protection (No-Fault), except as changed by this endorsement.

COVERAGE AGREEMENT

This coverage takes up where basic Personal Injury Protection leaves off. The additional benefits apply when **bodily injury** is covered by the basic Delaware Personal Injury Protection of any policy, but covered expenses exceed the limits of the basic coverage required by law. We will pay for these expenses over and above all amounts that are paid or payable under the basic coverage. We will pay the additional benefits for Medical Expenses, Loss of Earnings, and Substitute Service Expenses, up to the limits of Additional Personal Injury Protection per person and per accident shown in the policy Declarations. Within these total limits, we will also pay additional Funeral Expenses up to \$2,000. Time limitations within which expenses must be incurred are the same as for basic benefits.

YOU AND A HOUSEHOLD MEMBER

You and a household member are covered for Additional Personal Injury protection:

1. while **occupying** any motor vehicle; or
2. as a **pedestrian** if hit by any motor vehicle.

However, if injured while **occupying** or hit by a motor vehicle other than your auto, this coverage will apply only to the extent that limits under this coverage exceed those under any Additional Personal Injury Protection covering the other vehicle.

OTHER PERSONS

Any other person is covered:

1. while **occupying** your auto anywhere this coverage is in force; or
2. as a **pedestrian**, if such person is hit by your auto in Delaware.

COVERAGE EXCLUSIONS

We will not pay Additional Personal Injury Protection benefits for **bodily injury**:

1. to anyone while **occupying**, or as a **pedestrian** if hit by, a motor vehicle that is owned by such person, but not insured under this endorsement.
2. to anyone whose conduct contributed to his or her own **bodily injury**, if such person was convicted of driving while under the influence of alcohol or drugs.
3. Involving the use of a motor vehicle by an insured to carry persons or property for a fee. Motor vehicles used in shared-expense car pools are not considered as carrying persons for a fee.

LIMITS AND CONDITIONS OF PAYMENT

The insuring of more than one person or motor vehicle under this coverage does not increase our liability to any one person in any one accident.

OTHER INSURANCE

The following provisions apply if you or a household member have Additional Personal Injury Protection as a named insured or as a member of a household under any other policy. When any such insurance applies to a loss:

1. and the other Additional Personal Injury Protection is in a policy or policies we have issued, we will not be liable for more than the highest benefit limits payable under any one policy.
2. and the other Additional Personal Injury Protection is in a policy or policies not issued by us, we will be liable only for our proportional share of the loss. That share will be determined by our proportion of the total coverage limits provided under this and the other available coverage.

In no instance will duplicate benefits be collectible under this and other similar auto insurance.

This endorsement applies as stated in the policy Declarations.

This endorsement is issued by the company shown in the Declarations as the Issuing company.

This endorsement supersedes any prior endorsement numbered 3016 or 3016A.

NATIONWIDE INSURANCE COMPANIES
Home Office: Columbus, Ohio 43215-2220